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(BERC)

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State/Territory:

4.4 Medicaid Quality Control Citation

42 CFR 431.800(c) 50 FR 21839 1903(u)(1)(D) of the Act, P.L. 99-509 (Section 9407)

(a) A system of quality control is implemented in accordance with 42 CFR Part 431, Subpart P.

(b) The State operates a claims processing assessment system that meets the requirements of 431.800(e), (g), (h) and (k).

/ / Yes.

 $/\chi$ / Not applicable. The State has an approved Medicaid Management Information System (MMIS).

STATE	
DATE REC'D 6-30-87	
DATE APPVD 8-14-87	Α
DATE EFF ALL MCFA-179	
HCFA 179 87-10	

Supersede TN No.

Approval Date 8-14-87

Effective Date AMH(FA-179

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